

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

WORKING GROUP MEETING

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

CHAPMAN VALVE

The verbatim transcript of the Working
Group Meeting of the Advisory Board on Radiation and
Worker Health held in St. Louis, Missouri, on June
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STEVEN RAY GREEN AND ASSOCIATES
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C O N T E N T S

June 25, 2008

WELCOME AND OPENING COMMENTS DR. CHRISTINE BRANCHE, DFO	6
INTRODUCTION BY CHAIR	10
ELEVATED URANIUM SAMPLE	11
COURT REPORTER'S CERTIFICATE	40

TRANSCRIPT LEGEND

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-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

P A R T I C I P A N T S

(By Group, in Alphabetical Order)

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P R O C E E D I N G S

(7:30 a.m.)

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WELCOME AND OPENING COMMENTSDR. CHRISTINE BRANCHE, DFO

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DR. BRANCHE: We are now going to start the Chapman Valve meeting. It is Wednesday, June 25th and I am Dr. Christine Branche. I have the pleasure of being the Designated Federal Official for the Advisory Board on Radiation and Worker Health.

Will the Advisory Board members who are in the room please state your names.

MR. GIBSON: Mike Gibson.

DR. ROESSLER: Gen Roessler.

DR. POSTON: John Poston.

MR. CLAWSON: Brad Clawson.

DR. BRANCHE: Would the Board members who are also in the room please state your names.

MS. BEACH: Josie Beach, no conflicts.

DR. LOCKEY: Jim Lockey, no conflicts.

MR. SCHOFIELD: Phillip Schofield, no conflicts.

DR. BRANCHE: Two of you need to leave the room or we will have a quorum of the Board, and we

1 can't have that. Thank you.

2 Would NIOSH staff in the room please state
3 their names -- please come to the microphone.

4 **DR. NETON:** Jim Neton, NIOSH, no conflicts.

5 **MR. ELLIOTT:** Larry Elliott, no conflict.

6 **DR. BRANCHE:** Thank you. And thank you for
7 talking about the conflict. I appreciate that.
8 Any NIOSH staff participating -- no, I've got
9 more NIOSH staff in the room. Please state
10 your name and tell us if you have a conflict
11 with Chapman Valve.

12 **MS. CHANG:** Chia-Chia Chang, NIOSH director's
13 office, no conflicts.

14 **DR. BRANCHE:** Okay. NIOSH staff who are
15 participating by phone would you please state
16 your names and state whether or not you have a
17 conflict with Chapman Valve.

18 **MR. FARRELL*:** Rich Farrell.

19 **DR. BRANCHE:** And do you have a conflict, sir?

20 **MR. FARRELL:** No.

21 **DR. BRANCHE:** Thank you. ORAU staff
22 participating by phone would you state your
23 names and say if you have a conflict with
24 Chapman Valve.

25 **MR. GUIDO:** Joe Guido, no conflict.

1 We note that Mr. Mark Griffon has come into the
2 room.

3 Petitioners or their representatives in the
4 room, would you please state your names.

5 (No response)

6 Petitioners participating by phone, or their
7 representatives, would you please state your
8 names.

9 (No response)

10 Workers or their representatives in the room,
11 would you please state your names.

12 (No response)

13 Workers or their representatives by phone would
14 you please state your names.

15 (No response)

16 Members of Congress or their representatives,
17 would you please state your names -- who are in
18 the room.

19 (No response)

20 And those by phone.

21 **MS. BLOCK:** Sharon Block from Senator Kennedy's
22 office.

23 **DR. BRANCHE:** Thank you. Are there any others
24 in the room who would like to state your names
25 for the record?

1 (No response)

2 Any others participating by phone who would
3 like to mention their names.

4 (No response)

5 Thank you. I ask that everyone participating
6 by phone please observe telephone etiquette,
7 and specifically we ask that you mute your
8 lines. If you do not have a mute button, then
9 please use star-6 to do so. When you're ready
10 to speak you may un-mute your lines or use
11 star-6 to un-mute your lines. It is -- it is
12 very important that you mute your phones so
13 that all participants by phone can hear every
14 word that is stated by those in the room and by
15 those who are participating by phone and wish
16 to speak.

17 Also we ask that you not put this line on hold
18 because your -- whatever sound or music that
19 your hold system uses, interrupts the whole
20 line.

21 And thank you very much, and -- Dr. Poston.

22 You don't have a quorum, so you're fine.

23 **INTRODUCTION BY CHAIR**

24 **DR. POSTON:** Okay. Thank you, Christine. I
25 want to thank everybody for coming to this

1 early-morning meeting, especially since I
2 wasn't aware that it was up to me to provide
3 breakfast, so -- sorry, Brad.

4 **DR. BRANCHE:** It'll come at 8:30, in time for
5 the Board meeting.

6 **DR. POSTON:** I did not prepare an agenda for
7 this meeting because we have one agenda item
8 and everyone knows it. We've, I think, done
9 what we call due diligence to try to get as
10 much information as possible about the Chapman
11 Valve site. We've looked at it carefully. I -
12 - I brought my stack of papers with me, just to
13 -- in case we needed them, and I'm sure there's
14 more than this, but I want to thank Jim Neton
15 and Mark Rolfes and John Mauro for their hard
16 work in obtaining as much information as
17 possible.

18 You should have all received a letter from --
19 the name escapes me, from Oak Ridge --

20 **DR. NETON:** Oh, Ray -- Ray Folle*?

21 **ELEVATED URANIUM SAMPLE**

22 **DR. POSTON:** -- Mr. -- Mr. Folle regarding the
23 elevated uranium sample, and Jim Neton
24 distributed this morning a response from DOE to
25 the -- the inquiries that we sent based on our

1 last workgroup meeting.

2 So I think it's time that we focus on this one
3 issue as what to do, remind you of somewhat --
4 some of the history. We at one time agreed
5 that the -- NIOSH was capable of reconstructing
6 both internal and external doses, that the ext-
7 - internal doses were bounding doses and that
8 they were significant overestimates of perhaps
9 the actual doses, and now we need to decide
10 exactly what we're going to do.

11 We -- at one time the committee did vote unan--
12 the workgroup did vote unanimously to recommend
13 to the Board that the SEC petition be denied
14 because we believe NIOSH has the capability to
15 do the dose reconstruction. However, with the
16 elevated sample that -- well, was -- a lot of
17 concern and so forth. We now have been looking
18 at other things and I want to try to focus the
19 conversation among the working group to try to
20 reach a decision in the -- in the time that we
21 have left today, which is about 35 minutes.

22 I'm not trying to rush to decision, but it
23 seems to me that we're at a point where there -
24 - there's only one item and that item needs to
25 be discussed and -- and decided so that we can

1 move on. We need to let these folks at Chapman
2 Valve know our decision and stop spending more
3 time on this. I don't think there's much we
4 can accomplish. I think we've come to the end
5 of our rope.

6 Will remind you that we, at the last working
7 group meeting and our -- at the telephone
8 conference of the Board, we recommended that
9 the Dean Street facility be taken out of this
10 consideration because we have not been able to
11 find any information on Dean Street, and we
12 would focus only on the original facility. So
13 we're going -- our recommendation was to go
14 back to the -- the -- to the original facility
15 only and not include any consideration of the
16 Dean Street facility. So that's the -- sort of
17 the focus of our discussions.

18 On a -- on a -- I don't know about but -- what
19 I should say, but I have to confess to you that
20 I was up about 3:00 o'clock this morning trying
21 to figure out how -- how we were going to
22 resolve this -- this to the satisfaction, based
23 on the data. You know, I'm a scientist and I
24 like to look at the data and the information
25 and -- and weigh those and reach a conclusion.

1 And I've spent a fair number of hours last
2 night and this morning tossing and turning
3 trying to work -- work this out. My view of
4 the situation is, as -- as I've already stated,
5 that we -- we've agreed by -- as a workgroup
6 that the external doses can be reconstructed
7 based on the -- on the film badge data that's
8 available. And we've also agreed that -- that
9 the internal doses can be bounded based on the
10 air monitoring data that was available, and
11 that those -- those estimates are significant
12 overestimates of the actual exposure.
13 We are very concerned about the elevated
14 sample. Based on Mr. Folle's letter, it
15 appears that the -- that this is a sample -- it
16 can't be denied that it's an elevated sample.
17 We have been unable to conclusively link that
18 to the activities within the -- at Chapman
19 Valve within the period under consideration.
20 We have a detailed report from H. K. Ferguson
21 that outlines all the activities at -- at
22 Chapman Valve during the period under -- under
23 consideration, and it just appears to me, and I
24 think to others, that if there were other
25 activities going on at the facility using

1 slightly enriched uranium that it would have
2 been included in this report. The H. K.
3 Ferguson report is very, very detailed and I
4 think serves as a good indication of the
5 activities at the facility during the time
6 under consideration.

7 So I've played my cards face-up and I'd like to
8 go around and have the working group members
9 give their opinion as to the -- to the science,
10 or lack thereof, so we can resolve this issue.
11 Mark, would you like to be first?

12 **MR. GRIFFON:** Ye-- yeah, we -- I mean I'm not
13 going to go through all those points. I -- I
14 don't think we totally agreed on the ability to
15 bound those things. I think I -- I
16 conditionally agreed, but it was pending what
17 we don't know that could have happened there,
18 so -- but otherwise I agree with most of what
19 you said. The one sample, the Folle report, in
20 my opinion, is that it sort of confirms what we
21 -- what some of us thought to begin with, that
22 it was a real sample. And you know, if -- if
23 it comes down -- I mean I guess it's a question
24 of what went on there that we don't know. You
25 know, this -- this is a real sample. We have

1 no explanation for it. And do we speculate
2 that it was likely not to have cur-- to have
3 occurred in this time period or do we say we
4 just don't know and it's a real sample, and
5 other activities could have gone on here.
6 We've run -- we're at a loss for further
7 documents available on the site, and there
8 could have been other projects -- I don't
9 disagree that that one project report was
10 pretty detailed, but were there other projects
11 in that time period? Maybe not likely in that
12 time period, but maybe after that time period.
13 I know we're focused on this time period. I --
14 I just think we're getting into a little bit of
15 speculation that -- that this sample was a
16 result of later activities or -- or well, pro--
17 you know, maybe later activities is the most
18 likely explanation. So that's my position,
19 face-up --

20 **DR. POSTON:** Well, I --

21 **MR. GRIFFON:** -- (unintelligible) it's a real
22 sample now, all of a sudden.

23 **DR. POSTON:** Yeah, well --

24 **MR. GRIFFON:** And we have to explain it. It's
25 a piece of evidence. It's all we have, and it

1 might be a weight of the evidence issue, but it
2 is a piece of evidence that we have no
3 explanation for.

4 **DR. POSTON:** I agree. But at the same time I'm
5 not sure, but it sounded like you were agreeing
6 that, within the time period we're considering,
7 it's unlikely that that sample was part of any
8 activity.

9 **MR. GRIFFON:** Well, I said I think that's the
10 argument, and I -- I just think that's a little
11 bit of speculation, but you know...

12 **DR. POSTON:** It's speculation either way,
13 wouldn't you --

14 **MR. GRIFFON:** No, it's not speculation. I
15 think we've corroborated that it's a real
16 sample, so that's -- I don't -- I -- I think
17 that's pretty strong --

18 **DR. POSTON:** Oh, yeah, sure, I --

19 **MR. GRIFFON:** -- solid evidence so --

20 **DR. POSTON:** -- I agree with that completely.

21 **MR. GRIFFON:** -- that's not speculation, that's
22 -- that's real.

23 **DR. POSTON:** Yeah.

24 **MR. GRIFFON:** Now when -- when it got there,
25 how it got there, what caused it, that's where

1 we're speculating a little.

2 **DR. POSTON:** That's the speculation, yeah.

3 **MR. GRIFFON:** That's -- that's my opinion on
4 it.

5 **DR. POSTON:** That's fine. That's what I want
6 to hear. Michael?

7 **MR. GIBSON:** I have to agree with Mark, you
8 know, we do have a real sample and just the
9 lack of evidence as to how it got there or what
10 else may have went on at the site, it just --
11 you know, I don't think it's fair to the
12 claimants for us just to speculate that it came
13 from a different time period. So you know, I
14 just -- I -- I can't feel good about just
15 agreeing that, you know, we -- we discount this
16 sample or we could somehow bound the doses when
17 we don't know what else potentially went on
18 there.

19 **DR. POSTON:** Well, I'm not suggesting that we -
20 - that we ignore that sample. I've never
21 suggested that.

22 **MR. GIBSON:** I said just saying that we could
23 bound the doses and not look into -- well, due
24 to the lack of evidence about this sample and
25 what else may have went on, I don't think we

1 can discount that.

2 **DR. POSTON:** Yeah.

3 **MR. GRIFFON:** But -- but also just to -- to
4 weigh in on that, John, I think the -- the
5 current coworker model does ignore that sample,
6 so -- you know. Now I -- I don't know that it
7 -- it -- if you go down that path, that could
8 be sort of a site profile concern more than an
9 SEC concern --

10 **DR. POSTON:** Yeah.

11 **MR. GRIFFON:** -- but --

12 **DR. POSTON:** Well, it --

13 **MR. GRIFFON:** -- the current model doesn't --
14 doesn't account for that sample.

15 **DR. POSTON:** Yeah. Jim -- Jim can correct me,
16 but I think if we included that sample -- let's
17 just assume that -- you know, let's speculate.
18 Let's assume that that sample was
19 representative of the period that was there,
20 that would only what, double the dose.

21 **DR. NETON:** Approximately.

22 **DR. POSTON:** Approximately double the dose.

23 And -- and the bounding calculations that
24 they've done are so -- for -- for the internal
25 exposure are such an overestimate, they assume

1 that -- a chronic exposure over a long period
2 of time at a -- at a fixed concentration, which
3 chances -- you know, that probably didn't
4 exist, it makes no difference, you know.

5 **MR. GRIFFON:** I'll -- I'll give my --

6 **DR. POSTON:** Let's talk about the -- you know,
7 in the science you know that sometimes when you
8 --

9 **MR. GRIFFON:** Right.

10 **DR. POSTON:** -- set bounding doses, you really
11 are setting a huge upper bound to -- but go
12 ahead.

13 **MR. GRIFFON:** I mean I'll give my tip of the
14 iceberg example again, you know, the -- the two
15 percent enriched sample, you know, if we all
16 agree it's a real sample, now we don't know the
17 -- the nature of it. Was it two percent
18 material they were working with, or was it 90
19 percent material they were working with that
20 got diluted over the years and by the time they
21 sampled it in the '90s it -- you got a two
22 percent sample. I mean -- so I don't know that
23 you can just, you know, say we can use this and
24 double the -- you know, to bound. I mean
25 that's --

1 **DR. NETON:** I just --

2 **MR. GRIFFON:** -- I don't think that's
3 acceptable.

4 **DR. NETON:** I just have one -- one piece of
5 information that we may be forgetting is that
6 there are indications that there were other
7 activities at the site that could have resulted
8 in an enriched uranium sample being present
9 besides AEC operations. So again, then you
10 have to make the assumption and speculation
11 that it was AEC operations in the 1948 and '49
12 time period that resulted in that contamination
13 during a time period which -- when enriched
14 uranium was very tightly controlled by the AEC
15 and unlikely to be shipped out to an AWE for --
16 for processing any -- any significant
17 quantities.

18 I -- I should mention that the Folle report
19 that I provided you is missing page 5; I noted
20 that this morning in going over it. That page
21 included a question that I put at the end of
22 the -- of the transmittal to Mr. Folle, which
23 was is there anything else that you could offer
24 that might elucidate where this enriched sample
25 may have come from that didn't originate at

1 Chapman Valve. He pointed out several
2 interesting observations. One was that he had
3 discussed with some workers at the site at the
4 time that he recalls now of them mentioning
5 that there were operations at the -- at the
6 facility involved with the Nautilus submarine
7 program. Nothing specific was mentioned about
8 contamination of materials there, but of course
9 the Nautilus submarine program would -- would
10 potentially involve enriched uranium.
11 A second scenario that he -- he thought could
12 be possible was the shipment of -- remember we
13 -- there was -- there was some information that
14 material was shipped from Oak Ridge Y-12
15 facility to Chapman Valve. There was one of
16 the claimants that indicated that. And he
17 suggested that some of the pallets could have
18 been contaminated. He believed during that
19 time period the contamination control practices
20 were such that contaminated pallets could have
21 left the facility, even if the -- you know, if
22 it was test equipment that wasn't contaminated,
23 it still could have had some contamination on
24 the pallets.
25 And then a third observation he made is the

1 first thing I just stated, was that, based on
2 his knowledge of DOE operations during that
3 time period, it would have been extremely
4 unlikely in 1948 that significant quantities of
5 uranium -- enriched uranium were shipped to
6 Chapman Valve.

7 I just offer that up because that was missing
8 from the report.

9 **MR. GRIFFON:** Yeah, yeah, I did have -- you
10 mentioned that yesterday. I didn't see that
11 page, so --

12 **DR. NETON:** Yeah, I'm sorry --

13 **MR. GRIFFON:** -- do you have it today? Do you
14 have it with you?

15 **DR. NETON:** -- I couldn't get ahold of it. It
16 was a FAX and I don't have it electronically.
17 I certainly can provide it.

18 **DR. POSTON:** Well, the Nautilus program didn't
19 start till '57.

20 **DR. NETON:** Okay. Well, then that excludes
21 that. But there were indications, though, from
22 others that Defense Department work was
23 conducted at the facility -- besides what we
24 heard from Mr. Folle -- but --

25 **MR. GRIFFON:** Yeah, I -- I think I'm -- I'm on

1 the record at -- probably at the last workgroup
2 meeting as saying, you know, do we have any
3 indication -- and I think the response was that
4 this would be really hard to track through DoD
5 --

6 **DR. NETON:** Yeah.

7 **MR. GRIFFON:** -- whether there were Naval
8 activities there.

9 **DR. POSTON:** Yeah, that's true.

10 **MR. GRIFFON:** I -- I think that could be a good
11 possibility, later on there could have been --
12 but again, going back to this piece of
13 evidence, I -- I just think we -- we owe an
14 explanation on it, you know, is it -- I don't --
15 -- I guess it's -- it's less likely -- in my
16 mind it's less likely that it occurred during
17 this time period, but is it a potential? Sure.
18 I mean it's a real piece of data and so I don't
19 know. That's where I'm at.

20 **DR. POSTON:** Genevieve?

21 **DR. ROESSLER:** It seems to me there's a whole
22 lot of speculation about this one sample, and I
23 -- I don't see any -- anything that we've come
24 up with to support the fact that that sample
25 comes into consideration under an SEC issue. I

1 -- I feel like the bounding methods that have
2 been proposed are adequate, so my feeling is
3 still the same as it was when we voted whenever
4 it was, many months ago, is that it's not an
5 issue.

6 **DR. POSTON:** Brad, you're an alternate but you
7 -- give you a chance to speak.

8 **MR. CLAWSON:** Well, I -- I -- and I appreciate
9 that we're -- we keep mentioning the one
10 sample, but let's mention something else. We
11 only have two samples, so you have one sample
12 that is telling you you've got this enrichment.
13 You're telling -- and then we've got one other
14 sample that says you've got this much. So
15 basically you're trying to say that 50 percent
16 of our data that we have is not there and you -
17 - you hit very good on it. It's a lot of
18 speculation. And the wonderful thing about
19 science is that you can speculate an awful lot
20 and it doesn't mean you're always right. The
21 key thing I always want to remember is that we
22 have got to err in the way of the claimant. We
23 have got an enriched sample here. There's no
24 question about that. Folle has proven that.
25 He's said that there was. From the methods

1 that they used, it was a sample. And I don't
2 see how we can take and just discard this and
3 say well, nothing went on. Right, we can't --
4 we can't tell when this sample happened. We're
5 trying to reconstruct things from a lot of
6 years and I think we ought to err in the side
7 of the claimant on this. I think that we just
8 can't cast it out.

9 **DR. POSTON:** Well, the next step is to have a
10 motion of some sort as to the action of the
11 working group.

12 **MR. GRIFFON:** I mean another -- I don't know if
13 the petitioners are on the line or anything.
14 The other concern I would have is that we just
15 received this DOE letter, but also the -- the
16 other report, I -- has that been made available
17 to the petitioner or -- or...

18 **DR. NETON:** It's not been Privacy Act cleared
19 yet.

20 **MR. GRIFFON:** Right.

21 **DR. BRANCHE:** Is the participant who's on the
22 line who has not yet muted their phone someone
23 who'd like to speak at this time?

24 **MR. GRIFFON:** Because there -- there is
25 information --

1 or had comments on that at all 'cause that
2 might corroborate that, you know, some of those
3 things or -- I don't know.

4 **DR. NETON:** Well, we've already interviewed
5 many people that worked --

6 **MR. GRIFFON:** Yeah.

7 **DR. NETON:** -- at the facility, and I think --
8 never say never, but I think, you know, we've
9 gone to that well several times and -- and we
10 are where we are. I don't know that we're
11 going to get any more information --

12 **DR. POSTON:** Yeah, and the letter from DOE --

13 **DR. NETON:** -- from them.

14 **DR. POSTON:** -- you probably haven't had a
15 chance to read it -- basically it provides no
16 information.

17 **MR. GRIFFON:** Right.

18 **MR. CLAWSON:** John?

19 **DR. POSTON:** No new information.

20 **MR. CLAWSON:** There's also something else, too.
21 You know, saying that something can't go on, I
22 can tell you right now in the DOE world,
23 because Idaho is an example, right now we have
24 product there that shows on none of our books,
25 period, except our criticality, because it's

1 not our project, it's not our product, it's
2 from another facility. So it shows up on
3 nothing that we have, and there's nothing that
4 says that it couldn't be that way. There's a
5 lot of interchange between different sites and
6 everything else like that, and that product
7 always remains theirs. And as we have seen at
8 many different sites, there's -- there's been
9 lots of different exchanges and so forth that
10 we've stumbled across or whatever else like
11 that. And it -- I just really feel like this
12 is an important part of it.

13 **DR. POSTON:** All right, I understand what
14 you're saying and I agree with you. But you --
15 you were talking about being claimant favorable
16 and, to me, the bounding internal doses are
17 claimant favorable. If -- if a person doesn't
18 exceed the probability of causation greater
19 than 50 percent with this -- this huge bounding
20 calculation that's done, then the chances are
21 that they wouldn't exceed the probability of
22 causation under any circumstances. I don't see
23 why that's not claimant favorable.

24 **MR. CLAWSON:** Double their dose?

25 **DR. POSTON:** That's still --

1 **MR. CLAWSON:** You're saying that that wouldn't
2 -- that wouldn't affect them?

3 **DR. POSTON:** No. I'm say-- I'm saying that if
4 -- if we -- if we double their dose and they --
5 they don't exceed 50 percent, then what --
6 isn't that claimant favorable also?

7 **MR. CLAWSON:** Yes, it is.

8 **DR. POSTON:** Okay, so --

9 **MR. CLAWSON:** But in --

10 **DR. POSTON:** -- that's -- that's the point that
11 I -- that I've been trying to make, that if you
12 make these huge assumptions where the folks
13 being exposed chronically for -- not for just
14 the period they were working, but the entire
15 period that that -- that -- that is covered
16 under the SEC, and you assume that they're
17 exposed chronically day after day after day
18 after day at the same levels, and you don't get
19 a probability of causation at 50 percent, you
20 have bent over backwards to be claimant
21 favorable. And that's the whole point. You
22 know, it's not science can be wrong; it's that
23 those calculations are claimant favorable, but
24 we don't want to recognize that because of this
25 one sample. If you want to double the internal

1 doses, then we can ask NIOSH to do that.

2 Jim.

3 **DR. NETON:** Just one more observation. The
4 reason that Chapman Valve is an Atomic Weapons
5 Employer is specifically because of the
6 operations that were conducted in Building 23.
7 Now more recently the Dean Street facility was
8 added, but there are no radiological operations
9 that were known to have occurred there at this
10 time, so -- so that's the reason. And we've
11 reconstructed, we believe, and bounded a dose
12 for the operation -- the only known
13 radiological operations that occurred under AEC
14 auspices in 1948 and '49. So that the sort --
15 sort of central issue, and this would not
16 preclude any additional class coming forward
17 based on new research, which the DOE has
18 committed in their letter to continue doing to
19 search for other contracts that may have been
20 issued to Chapman Valve, and they could be
21 reconsidered at that point. This would not
22 prejudice any further evaluation of the Chapman
23 Valve facility.

24 **DR. POSTON:** Well, I would entertain a motion
25 to take action on this SEC petition, so the

1 floor is open for a motion.

2 (No response)

3 This -- this egg is not going to hatch. We
4 have to make a motion and decide, one way or
5 the other, what we're going to go to the Board
6 with. We owe it to the petitioners just as
7 much as anything else to get this settled, one
8 way or the other.

9 **MR. CLAWSON:** Well, then I'd need a little bit
10 of time to be able to figure out what that
11 motion would actually be. Are we -- are you
12 saying that we are going to accept it as-is?

13 **DR. POSTON:** The motion can be whatever you
14 would like. We can agree to -- that NIOSH can
15 reconstruct the doses in a reasonable fashion
16 and deny the petition, or we can have a motion
17 that says that we believe that NIOSH cannot
18 reconstruct the doses because of the slightly
19 enriched uranium sample that causes us concern
20 and we don't believe that they can con--
21 properly do the internal dose calculations and
22 therefore we would accept the petition.

23 **DR. BRANCHE:** Dr. Poston?

24 **DR. POSTON:** Yes, ma'am.

25 **DR. BRANCHE:** You do have at your disposal the

1 option for a minority report. I mean there is
2 a dichotomy of opinion. To be able to bring
3 something to the Board that gives voice to
4 whatever motion carries, and then whatever
5 other additional considerations is fully within
6 your scope. And then as this gets carried
7 forward to the Board, discussed before the
8 Board, there is also the option to present a
9 minority opinion then as well. But it -- it
10 does allow this to come out of the com-- out of
11 the workgroup, before the Board, and
12 potentially from the Board to the Secretary.

13 **DR. ROESSLER:** Well, given that information
14 then I move that -- I don't -- that the
15 workgroup has concluded that doses can be
16 reconstructed and that the petition -- the SEC
17 petition be denied.

18 **DR. POSTON:** Is there a second?

19 (No response)

20 We can't discuss the motion without a second.

21 **MR. CLAWSON:** Nope, sure can't.

22 **DR. BRANCHE:** Well, not the current motion.
23 You want to entertain an alternative motion?

24 **DR. POSTON:** Is there an alternative motion?

25 **MR. CLAWSON:** I don't know how to word it.

1 **MR. GRIFFON:** I mean we may have to report back
2 to the full Board that we have a difference of
3 opinion in the workgroup and that we're not
4 coming with a recommendation on the SEC, but
5 here's our difference of opinion.

6 **DR. POSTON:** Well, that's perfectly fine.

7 **MR. GRIFFON:** You know, yeah.

8 **DR. POSTON:** Yeah. We can adjourn this meeting
9 now, that's fine.

10 **MR. GRIFFON:** I -- I think that's where I'm at,
11 is that we have a difference of opinion and we
12 should report that to the full Board.

13 **DR. BRANCHE:** Dr. Poston, if I may, I'd just
14 encourage -- we've heard one perspective about
15 how one of the opinions would be expressed. So
16 that we don't -- so that we can continue to
17 move things along, I'd just encourage the
18 alternative perspective to think now about how
19 you'll present this when it comes up for
20 discussion because there is a specific time on
21 the -- on the agenda when Chapman Valve will be
22 discussed. Given how swiftly we moved through
23 yesterday's agenda, it is possible that that
24 could come up today and not tomorrow, so I just
25 --

1 **DR. POSTON:** Yeah, that's fine.

2 **DR. BRANCHE:** I realize that there are a lot of
3 eyes on the specific agenda items, and we'll
4 try to honor the time that's on the agenda, but
5 you know it can -- it is subject to change.

6 **DR. POSTON:** Well, my -- my plan would be to
7 re-- report to the Board where we are. And if
8 I don't sufficiently cover it, then I would ask
9 Mike or Mark to state their -- their position.
10 I hope my -- my intent would be to provide both
11 positions equally. And if I don't -- if I fail
12 in that, then it will -- I'll ask them to step
13 in and correct any errors or -- or provide
14 additional information as required. Is that
15 okay?

16 Mike, go ahead.

17 **MR. GIBSON:** I'd like to make a motion. I move
18 that this workgroup recommends to the Advisory
19 Board that we accept the petitioner's petition
20 for an SEC based on the sample that was located
21 and the lack of information that yields any
22 other information about what else may have went
23 on.

24 **DR. POSTON:** Is there a second to that motion?

25 **MR. CLAWSON:** Second it.

1 **DR. POSTON:** How does this work now, Christine,
2 since --

3 **DR. BRANCHE:** Yes?

4 **DR. POSTON:** -- since Brad is a -- is an
5 alternate as opposed to --

6 **DR. BRANCHE:** Dr. Poston, to be honest with
7 you, for every other workgroup alternates have
8 participated --

9 **DR. POSTON:** That's fine, I'm --

10 **DR. BRANCHE:** -- equally.

11 **DR. POSTON:** -- just asking. Okay?

12 **DR. BRANCHE:** Equally in oth-- in other
13 workgroups.

14 **DR. POSTON:** All right, the motion's been made
15 and seconded. Is there discussion?

16 **MR. GRIFFON:** I mean I -- I think we've -- I
17 think we've had our arguments on the table so -
18 - at this point, but I -- I would actually --
19 I'm not sure -- I -- I was just -- the motion's
20 out there now, but I would probably have
21 preferred a report to the Board and have a
22 Board come out from the motion -- I mean have a
23 motion come out from the Board.

24 **DR. POSTON:** Yeah.

25 **MR. GRIFFON:** I'm a little tired.

1 **DR. POSTON:** Well, I -- I was --

2 **MR. GRIFFON:** But anyway, that -- that's my --

3 **DR. POSTON:** I would agree with you, Mark. In
4 fact, I plan to vote against the motion because
5 I think that the -- the -- what we had just
6 agreed on, that we would present both sides to
7 the Board so that they understand that there's
8 a difference of opinion is the -- is the best
9 approach and therefore I would not be in favor
10 of this motion for that reason.

11 **MR. GRIFFON:** And let me -- let me just -- just
12 -- just to explain -- I mean I -- I probably
13 would vote against this motion on the
14 workgroup, just to be clear on the workgroup,
15 because I don't think we have a consen-- I know
16 we don't have a consensus opinion and I don't
17 want to bring a -- I think we're better
18 bringing a -- a sort of a split report and to
19 let Dr. Poston present that report in both
20 views rather than have a -- a three-to-two mo--
21 or whatever the count's going to be on -- on a
22 -- a motion to accept or deny the petition.

23 **DR. BRANCHE:** In theory, I --

24 **MR. GRIFFON:** I'd rather have a split report
25 with different views presented rather than a

1 split recommendation, if that -- I don't...

2 **DR. POSTON:** Mike?

3 **MR. GIBSON:** Can I withdraw my motion?

4 **DR. POSTON:** Secunder?

5 **MR. CLAWSON:** Do I need to second it? Second
6 it.

7 **DR. BRANCHE:** So you're going to --

8 **DR. POSTON:** Okay.

9 **DR. BRANCHE:** -- present these -- these two --

10 **DR. POSTON:** Okay, so if -- to summarize and
11 conclude, I guess, the idea is that when the
12 time comes today or tomorrow, I will present
13 the situation, that we have a difference of
14 opinion in the Board and I'll try to do my best
15 to present both sides of the argument or both
16 sides of the disagreement, and I will leave it
17 to Mike and -- and Mark to correct any mistakes
18 that I make in representing their position.

19 **DR. BRANCHE:** And you know that they will.

20 **DR. POSTON:** Is that correct? Okay.

21 **MR. GRIFFON:** That's fine.

22 **DR. POSTON:** Is there any other business for
23 the workgroup?

24 If not, then I think I'll declare the workgroup
25 adjourned and we'll have breakfast.

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DR. BRANCHE: We're going to mute the line until the beginning of the meeting at 8-- the formal Board meeting at 8:30 Central Time. Thank you.
(Whereupon, the meeting was adjourned at 8:15 a.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of June 25, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 9th day of August, 2008.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**